

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Residential Care Apartment Complex
CERTIFIED

Facility Information

Facility Name: HOME PLACE OF MONDOVI (THE) (0010250)

Address: 158 EAST MAIN STREET, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 06/01/1999

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095413 **End Date:** 08/23/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092737 **End Date:** 06/08/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092345 **End Date:** 04/07/2004 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0091886 End Date: 01/20/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006308 Served 01/22/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	01/24/2004	Yes
89.23(2)(b)2	SERVICES	02/02/2004	Yes
89.23(4)(d)1	SERVICES	02/02/2004	Yes
89.23(4)(d)2.a	SERVICES	02/02/2004	Yes
89.26(4)	ANNUAL REVIEW	02/02/2004	Yes
89.27(2)(a)1	SERVICE AGREEMENT	02/02/2004	Yes
89.28(2)(b)	RISK AGREEMENT	02/11/2004	Yes
89.29(2)(b)1	ADMISSION & RETENTION OF TENANTS	02/02/2004	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 02/24/2006

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 01/20/2004 SOD #10006308 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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